Laboratory	
Laboratory Director	
Address City, State, Zip Code	
Phone Number	78

Arizona Department of Health Services Communicable Disease* Weekly Laboratory Report

* Use other forms for HIV and TB Laboratory reports

Patient Name	Birthdate	Phone	Address		City	
Lab Reference Number	Collection Date	Specimen type	Test type	Results	Result date	
Physician Name	Phone	Address City				
Patient Name	Birthdate	Phone	Address		City	
Lab Reference Number	Collection Date	Specimen type	Test type	Results	Result date	
Physician Name	Phone	Address	City			
Patient Name	Birthdate	Phone	Address		City	
Lab Reference Number	Collection Date	Specimen type	Test type	Results	Result date	
Physician Name	Phone	Address City		City		
Patient Name	Birthdate	Phone	Address		City	
Lab Reference Number	Collection Date	Specimen type	Test type	Results	Result date	
Physician Name	Phone	Address City				
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